

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS**

Re: Michael Picard, DVM
License No.: 001784

Petition No. 2003-0226-047-002

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Michael Picard, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice veterinary medicine. I presently hold license number 001784.
4. I hereby voluntarily surrender my license to practice veterinary medicine in the State of Connecticut.
5. While I disagree with the allegations contained in Petition Number 2003-0226-047-002, I understand and agree that if I seek a new license or to reinstate my license in the State of Connecticut at any time in the future, the allegations contained in Petition Number 2003-0226-047-002 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 2002-0226-047-002 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this surrender of my license is a reportable event and is public information.
9. Within ten days of the Department's execution of this document, I agree to surrender my state and federal Controlled Substance Registrations to the issuing authorities.
10. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2003-0226-047-002.

ATTACHMENT A

11. I understand that I have the right to consult with an attorney prior to signing this affidavit.
12. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

Michael Picard
Michael Picard

Subscribed and sworn to before me this 7th day of Nov 2003.

Linda Hackett-Cole
Notary Public Term expires 2-10-07
~~Commissioner of Superior Court~~

Accepted: Marianne Horn
Marianne Horn, Director
Division of Health Systems Regulation
Bureau of Healthcare Systems

Nov 10/03
Date

RAS/Picard/legal/VS/103003